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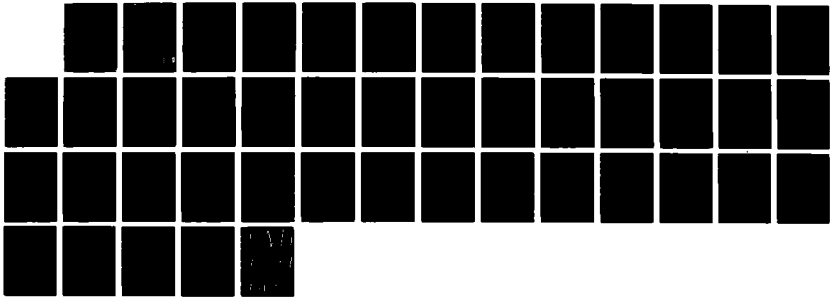

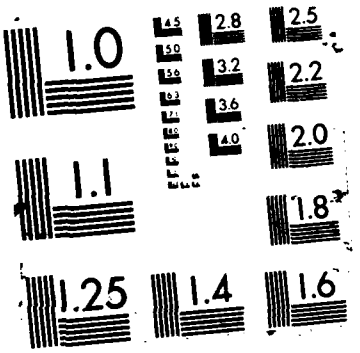
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This study examines a hospitals policies and procedures for the release of radiographs from the department of radiology to hospital personnel. The radiograph release policy is important because problems and conflicts that result from the policy have historically hindered physicians patient care practices. The author explains the current system, reviews other alternatives, list the advantages and disadvantages, then makes recommendations to improve the system.

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A STUDY TO DETERMINE THE BEST POLICY CONCERNING RELEASE OF RADIOGRAPHS OUTSIDE THE DEPARTMENT OF RADIOLOGY AT SOUTHWEST TEXAS METHODIST HOSPITAL, SAN ANTONIO, TEXAS

A Problem Solving Project

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Health Administration

by

Major George R. Beringer, MSC

April 26, 1977

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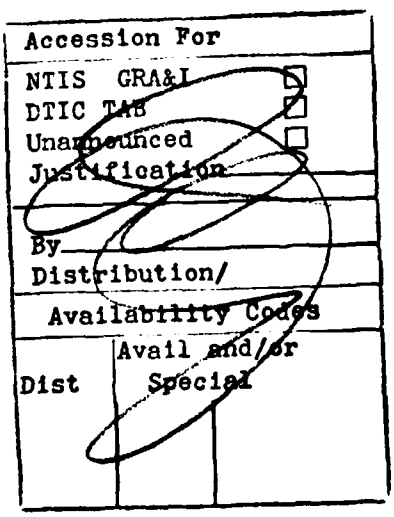

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Development of the Problem

Conditions prompting study

Southwest Texas Methodist Hospital, San Antonio, Texas, is a nonprofit, acute care hospital with 441 patient beds. It has historically had problems and conflicts resulting from its policy concerning release of radiographs from the Department of Radiology to requesting physicians. Finding an appropriate policy actually represents a dilemma. If radiographs are allowed to be checked out, many other physicians complain because they are not present in the Radiology Department for viewing. If radiographs are restricted to the department, many physicians complain because they believe this policy hinders their patient care practice.

The Radiologist estimated that at any one time, approximately 10 percent of active films are signed out and located on the various floors. He noted that this results in films becoming lost and not available in the department for comparison during subsequent procedures. He observed

that the system breaks down completely when films are allowed to float at random around the hospital. During the initial interview, he also indicated that an unrestricted check-out policy was the only one that was viable at Methodist Hospital considering the medical staff's demands.

Methodist has historically operated with an unrestricted radiograph check-out policy to all members of the Medical Staff. In an attempt to solve problems caused by unavailable radiographs, the hospital tried a more restrictive check-out policy several months ago. During this trial, radiographs were only permitted to be signed out to such critical care areas as surgery, the surgical intensive care unit, and the coronary care unit. Physicians who wished to view radiographs of patients located in other areas of the hospital were required to view the radiographs in the Department of Radiology. After about one month, the Orthopedic Service was able to have this policy discontinued and the Department of Radiology is currently operating under an unrestricted sign-out policy for all members of the medical staff. There is currently no written policy in effect concerning release of radiographs.

Statement of the problem

The problem was to determine the best policy concerning release of radiographs outside the Department of Radiology at Southwest Texas Methodist Hospital.

Limitations

Acceptable solutions will not significantly increase the cost of operations.

Review of the Literature

Literature

A survey of the journal literature covering the past fifteen years has revealed only one article dealing with this topic. "The Case Against the Roaming Radiograph," by Dr. Theodore E. Keats, is definitely written from the radiologist's point of view.[1] He states that the radiograph is the property of the Department of Radiology and its presence is required for study, comparison, and interpretation. He notes that once films are signed out, they are no longer available for viewing by other physicians, are not available for comparison during subsequent examinations, and may become lost, stolen, or returned in other patient's film jackets. He states that these events have obvious medical and legal implications.

Several possible alternatives are proposed by this article. The first alternative is that no films will leave the Department of Radiology; interested physicians must view the films in the Radiology Department. The next alternative is limited film sign-out, which Dr. Keats states is the method he has been operating under for seven years. This policy is described as only allowing films to be signed out for conferences and then only to a designated film officer for each service. At the conclusion of the conference, the films must be returned by the film officer. Another interesting method proposed is the use of closed circuit television with the addition of an intercom for easy consultation with the Radiologist.

Dr. Keats declared:

> I restate again that our responsibility lies in the completion of a consultation, not to the transmission of a radiograph. If the latter is required by the referring physician, it would appear that the inconvenience should be his, not the department of radiology's.[2]

Approaches at other hospitals

To learn how other hospitals deal with this problem, a telephone survey was conducted of six hospitals in the San Antonio area. Five of these hospitals had an unrestricted check-out policy and one (50 bed hospital) required that all

radiographs be viewed in the Department of Radiology. Of the five hospitals with an unrestricted policy, three stated that they had a significant problem with unavailable films, one did not comment on this aspect, and the fifth said that they used to have a significant problem until they obtained an employee in the department that was strictly used to intensively manage the sign-out and return of radiographs.

Problem-Solving Methodology

Objectives

The objectives of this study are to analyze the hospital's existing policy concerning release of radiographs, to discuss several alternative policies, and to evaluate the advantages and disadvantages of the present policy as well as the alternatives.

Methodology

To obtain the history of the problem and the views of the Administration and Department of Radiology, interviews were first conducted with the Vice President for Patient Care Services, the Director of Radiological Services, and the Radiologist. Liaison was maintained with these people throughout the conduct of the study. The Radiologist

was familiar with the broad range of views of the medical staff concerning this problem and furnished the writer with the names of six physicians whose views were known to be representative of the continuum from completely restrictive to unrestrictive in terms of radiograph check-out policies.

Telephonic interviews were conducted with five of these physicians and one interview was conducted in person. The list of questions used for these interviews is contained in the appendix along with the responses of the six physicians to the questions. The questions were designed to determine if a problem in fact existed in the perception of these medical staff members, what changes they would make in the present system, and what their reaction would be to a limited sign-out policy. It is important to note that the sample of physicians was too small to guage what percentage of the medical staff favored various alternatives, and was not selected on a random basis, but for the views that they held according to the perception of the Radiologist. The specialties represented by the physicians interviewed were oncology, general practice, rhumatology, internal medicine, orthopedics, and thorasic surgery.

Criteria

The criteria against which alternative policies will be judged have been developed after consultation with hospital officials and the medical staff interviews.

1. The location of radiographs must not hinder diagnosis and treatment.

2. Radiographs must be available for prompt reading by the Radiologist.

3. Lost radiographs must be minimized.

4. The proposed policy must be workable, not complex or unrealistic.

5. The location of all absent radiographs must be known by the Department of Radiology.

6. The proposed solution must be acceptable to the medical staff, radiology department, and administration.

Footnotes

[1]Theodore E. Keats, "The Case Against the Roaming Radiograph," Resident and Staff Physician 20 (December 1974): 78-80.

[2]Ibid., p. 79.

CHAPTER II

DISCUSSION

Physician Survey

A survey of six selected members of the medical staff was conducted to explore the range of views present concerning the policy for release of radiographs. The questions asked and responses received are contained in the appendix. A summary of the responses will be presented below.

The present policy holds that upon the request of a physician on the medical staff, radiographs will be delivered anywhere in the hospital by personnel from the Department of Radiology. If personnel are not available for delivery at the time of the request, the radiographs will be made available for pick up by the physician or his representative. There is no written policy in effect at this time and the physicians were first asked about their perception of the current system. Four physicians correctly perceived the present policy, while two were somewhat confused by it and still believed that there was some type of partial restriction operating. Two said that they were satisfied with the

present policy and four stated that they were not.

Three physicians stated that they were having significant problems with unavailable radiographs, while the other three indicated that they did not ordinarily find radiographs to be unavailable. Only one indicated that he was having significant problems with delayed or incomplete interpretations due to necessary comparison films being unavailable to the Radiologist.

When asked for recommended modifications to the present system, four of the physicians suggested some form of limited restriction concerning film check-out. One would only permit film check-out to the intensive care units; another only for teaching conferences; a third would restrict film sign-out to surgery, labor and delivery, and the intensive care units; and the fourth would only permit film sign-out under emergency conditions. In response to this question, one physician recommended that films be maintained in holders on the wall outside each patient's room. The remaining suggestion was that more responsiveness be shown to the doctors who come to the Radiology Department to view radiographs.

The physicians were then asked if they would support a policy which restricted sign-out to surgery, orthopedics,

nursery, labor and delivery, and the intensive care units. Two said yes (although one of the positive responses did not think that orthopedics should be included); three said no; and the remaining response was that the physician preferred a different system.

Two medical staff members indicated that they would support a limitation on the period during which films could remain checked-out. Of these two respondents, one suggested that the films be returned at the end of each day, and the other suggested a limitation of 24 hours. Three stated that they would not support a limit on the period films could be checked out (one believed the policy would be unworkable), and the remaining respondent did not believe the question was applicable in light of his personal views.

When asked how a partially restrictive policy such as that included in question #6 would affect their patient care practice, two stated that it would not hinder them. Two believed the question was not applicable in light of their previously expressed views. One said that it would take too much of the physicians' time and one said that it would improve his practice.

The fourth physician interviewed suggested that all radiographs of active patients be maintained in the patient care area, i.e. in a film holder located on the wall outside each patient's room. The remaining two physicians were asked if they believed this was a viable system for Methodist Hospital. One was not in favor of the system because he believed that the visitors would be "pawing through them." The other physician was not in favor of this system because he did not believe that the films would be as available as they would be in the completely restrictive system that he favored. He stated that he would be in favor of any system that insured radiographs would be available.

Alternatives

Six alternative policies concerning release of radiographs were considered. Two alternatives were rejected at the outset as unfeasible. One of these was a policy of using closed circuit television for transmission of images. The writer does not consider this as a cost-effective alternative to actual release of the radiograph. Major problems were also foreseen in terms of physician acceptance, effectiveness of the system, and queuing. A second alternative in which

only copies of radiographs are released was also rejected as unfeasible due to high cost and inefficient use of resources. Four potentially feasible alternatives are discussed below.

1. All radiographs retained in Department of Radiology

This policy would allow no films to be signed out of the Radiology Department. Those wishing to view films would do so in the department's viewing room. The advantages of this policy are that it guarantees availability of the radiographs to all physicians and should result in no lost films. The Radiologist would have previous films immediately available for comparison during subsequent procedures. From a mechanical view, this system is very easy to operate.

Disadvantages of this policy include the opinion of some physicians that they require the presence of the radiograph in the patient care area for effective diagnosis or treatment. Many do not like the inconvenience of visiting the Department of Radiology each time they wish to view a film. This policy would probably result in significant conflict between certain members of the medical staff and the administration and radiology department.

2. Limited radiograph sign-out

This policy would limit radiograph sign-out to certain

designated areas of the hospital. This system would permit release of radiographs to many of the areas where physicians believe the radiograph should be immediately available for quality care. The radiographs retained by the department offer the same advantages as the completely restrictive policy.

A major problem with this policy would be to determine to which areas films could be signed out. The selection of areas for exception would be a major factor in determining how much resistance was encountered to the policy. A number of radiographs would be unavailable in the department of radiology and chances for misplaced or lost radiographs would increase. Radiographs can be initially signed-out to one area, but then "travel." This policy would significantly increase decision-making for personnel of the Radiology Department and place their clerical personnel in the awkward position of refusing a physician's request for release of radiographs. Such a policy would be likely to leave few participants really satisfied, and may be a continuing source of conflict.

3. Unrestrictive film sign-out

This policy would allow any physician on the medical staff to check-out radiographs of his patients, i.e. to any

patient care area in the hospital. This policy would enable the physician who checked out the radiographs to have them located in the patient care area if he believed this was necessary for diagnosis or treatment. It would also provide for convenience and time savings for the physician who signed-out the films. From a mechanical and decision-making standpoint, this policy is probably more workable than the policy of limited film sign-out.

The big disadvantage of this policy is that films which are signed out are unavailable to other physicians who attempt to view them in the Department of Radiology. They are also not available to the Radiologist for comparison. Since the majority of cases involve more than one physician, this is a significant problem. This system also increases the chances for lost or "traveling" radiographs.

Modifications.--Certain modifications to the limited and unrestricted policies as mentioned above may function to reduce some of the disadvantages mentioned. This would involve application of intensive management techniques to those films which were signed out. Such techniques would include designating a specific person or persons in the Radiology Department to manage all sign-out and follow-up procedures;

establishment of a relatively short time period for which films could remain outside the Department of Radiology; and periodic "jawboning" to encourage that radiographs be checked-out only for medical necessity and that established time limits be observed. Emphasis would be placed on consideration of one's colleagues.

4. All radiographs in patient care areas

Under this concept, all radiographs for each active patient are maintained in the patient care areas. As described to the writer by Physician #4, the films are placed in an envelope and located in a special holder on the wall outside the patient's room. If subsequent radiographic procedures are ordered for a patient, all previous radiographs are taken to Radiology with the patient so that they will be available to the Radiologist for comparison. After the new films have been read, all radiographs are returned to the holder outside the patient's room. View boxes must be conveniently placed in the corridors in sufficient supply so that one can be easily reached from any patient room. Although not favored by Physician #4, a modification to this system would be the location of radiographs in holders at the nurses' station along with a panel of view boxes. In

discussing the advantages and disadvantages of this system, it will be assumed that enough resources would be devoted to make this system work as intended.

As described by Physician #4, this system provides for the collocation of the three elements that a physician needs to arrive at the optimum diagnosis and treatment, i.e. the patient, medical record with lab work, and the radiographs. This system would provide for both guaranteed and immediate availability of the radiographs, as opposed to the trade-offs between guaranteed and immediate availability present in the previous systems discussed.

The Radiologist has observed this system in operation for nine years at the Mayo Clinic and stated that it is the system which provides greatest convenience and service to the physicians, but is also the system which is most expensive to operate for the hospital. The major disadvantage of this system is that it requires additional personnel in the Department of Radiology in order to get films up on the floors in a responsive manner. The Radiologist estimated that two additional personnel would be required. The Vice President for Patient Care Services believed this number was low and estimated four additional personnel would be required resulting

in an approximate increased operating cost of $25,000.

Since all active radiographs would be located outside of the Department of Radiology, one might anticipate that the opportunity for lost or misplaced radiographs would be increased. Physician #4, however, states that this was not a problem at the Mayo Clinic. The radiographs would be either in the patient care areas or in transit to or from the Department of Radiology.

Another disadvantage of this system would be the significant effort required to initiate it. This effort would call for a staffing study of the Radiology Department; hiring and training of sufficient additional personnel; a prior period of education concerning the new system for members of the medical staff, nursing service, and administrative services; and requisition and installation of the film holders and view boxes.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This writer believes that the optimum policy concerning release of radiographs outside the Department of Radiology at Southwest Texas Methodist Hospital is for all radiographs of inpatients to be located in the patient care areas. The system described under alternative number 4 would provide maximum service and convenience to the physicians and would enable the patient, medical record, and radiographs to be located together. If the system functioned as intended, it would be acceptable, even applauded, by both attending physicians and the Radiologist. Radiographs would be not only immediately available in the patient care areas, but also reliably available to all physicians who came to the patient care area. Methodist Hospital would be providing a major service to physicians, offered by no other hospital in the San Antonio area.

If the estimate of a $25,000 increase in operating costs is correct, however, this alternative would fall out-

side the cost limitation placed upon this study and would not be acceptable as a feasible solution. A detailed study would be necessary to obtain an estimate of increased operating costs in which one can place reasonable confidence. An approach to testing and implementation of this system will be discussed under the portion of this chapter devoted to recommendations.

The second choice is the system of radiograph sign-out unrestricted by patient location as described under alternative number three. This system has the advantage of precedence and is the most workable next to the completely restrictive policy. The major disadvantage of this system is the unavailability of radiographs to those who have not signed them out. This disadvantage could be minimized by employing some of the intensive management practices suggested in the previous chapter.

The writer does not believe that a policy of limited radiograph check-out or a policy of viewing limited to the Department of Radiology are sound alternatives. The limited sign-out policy is essentially a "no win" situation. It does not satisfy either the group who favors complete restriction or the group who favors free check-out. Since there will

be differences of opinion on which patient care areas to exempt under a limited check-out policy, only a small group of physicians are likely to be completely satisfied. On the one occasion that a limited check-out policy was tried at Methodist Hospital, it only lasted for about one month. A policy completely restricting radiograph viewing to the Department of Radiology would probably compromise patient care practices in certain instances and would certainly result in major conflict amongst factions of the medical staff and hospital administration.

Recommendations

It is recommended that the present policy of unrestricted radiograph check-out be continued initially. However, films outside the Radiology Department should be subjected to intensive management. Internal publicity should be given to the fact that radiographs which are signed out cause other physicians great inconvenience due to their unavailability in the Radiology Department. It should be widely disseminated that for this reason it is strongly encouraged that radiographs be returned within 24 hours of the time in which they are checked out. The use of the term

"encouraged," rather than "will" or "must" is deemed most appropriate. Emphasis should be placed on respecting the rights of one's colleagues. The person designated in the Department of Radiology to coordinate film check-out should follow-up on films remaining out of the department over 24 hours. Tact and flexibility should be used here, but a conscientious application of intensive management should result in a significant reduction of the time period radiographs spend outside the Department of Radiology, and thus will increase their availability for other physicians.

The above procedures should be given a trial of several months to determine if they alleviate the majority of present problems. If most are satisfied by this policy, it should probably remain in effect and no further action need be taken. However, concurrently with the above actions, a feasibility study should be conducted concerning the policy of placing all active radiographs in the patient care areas.

The writer envisions that an initial trial of this system would have the radiographs maintained at the nurses' stations with the medical records. This is not as convenient for the physician as having them located outside each patient's room, but it is certainly more convenient than

having them in the Department of Radiology or checked out to another physician. The advantages of this trial system are that it will require few additional personnel since the radiographs need only be delivered to a central point in each patient care area; visitors will be less tempted to handle the films than if they were located on the walls; and film holders and view boxes need not be obtained and installed in the halls.

If the feasibility study uses this model for evaluation, the cost of the system should be significantly less than $25,000. If all radiographs for active patients were maintained in the patient care areas, radiology personnel should be relieved of the duties they are currently performing for those physicians who view radiographs in the Department of Radiology. This savings should also be factored into the analysis.

Once additional personnel requirements and the cost of the trial system were able to be estimated with confidence, the Administration could determine if a trial of the proposed system was economically feasible. If modifications to the current system did not produce the desired results and the Administration was willing to try the new system, it could be

described to the Medical Staff for their reaction. If sufficient support was received, any additional personnel necessary could be hired, the various staffs could be briefed, and the system would be implemented.

If, after a fair trial period, the system did not achieve the desired results, reversion to the previous system could take place with little trauma. Perhaps it would be wise to hire the additional person(s) on a contingency basis, permitting termination of employment if the new system was not successful. If, however, the new system did achieve the desired results, two options would be available. Either the system could be continued with radiographs maintained in the central location of the nurses' station, or additional resources could be committed to maintain the radiographs outside individual patient rooms.

APPENDIX

INTERVIEW QUESTIONS FOR SELECTED

MEMBERS OF THE MEDICAL STAFF

1. At present there is not a written policy concerning release of radiographs. What is your perception of the present policy?

2. Are you satisfied with the present policy?

3. Have you ever found films unavailable at the time that you needed them? If so, how often does this occur and what is the reason for the unavailable films?

4. Have you ever experienced delayed or incomplete interpretations because previous films necessary for comparison were unavailable to the radiologist?

5. What modifications to the present policy would you recommend, if any?

6. Would you support a policy that restricted radiograph sign-out to Surgery, Orthopedics, Nursery, Labor & Delivery, and the Intensive Care Units?

7. Would you support a time limit on film sign-out? If so, for what period would you suggest?

8. If a more restrictive policy, such as that put forth in #6 above, was implemented, how would this affect your patient care practice?

9. Would you support a system similar to that used by the Mayo Clinic, in which radiographs for all active patients are maintained in a holder outside the patient's room? (Note: This policy was recommended by Physician #4, and the question was only asked during subsequent interviews).

Physician #1:

1. This physician's perception of the present policy was that the radiographs would only be released to intensive care units.

2. He was satisfied with the "present system."

3. He found little difficulty with unavailable films.

4. He has experienced delayed interpretations due to unavailability of comparison radiographs on less than 5 percent of applicable occasions.

5. His personal preference is for a policy that restricts release of radiographs to the intensive care units. He is in the habit of viewing films at the Department of Radiology.

6. He would support the system put forth in question #6.

7. He would not support a time limit on those films which were allowed to be signed out.

8. If the partially restrictive policy of question #6 were implemented, this physician stated that it would not hinder his patient care practice.

Physician #2.

1. This physician stated that he was confused concerning the present policy; he was only aware of what policy he was following.

2. When advised of the current unrestricted system, he stated that he believed this system was rude to the radiologist.

3. He stated that he has had a problem with unavailable films. The main reason for this was that he prefers to view his films in the Radiology Department, but that other people have them sent up to the floor.

4. He has no problem with delayed interpretations because he reads the films himself.

5. His personal preference is that no radiographs be released from the Radiology Department except for teaching conferences. He also believes that Radiology should dictate the policy concerning release of radiographs.

6. This physician would not support a partially restricted system as put forward in question #6, although he would like films released to the surgical intensive care unit because it is located on sublevel 2 with the Radiology Department.

7. If films were allowed to be released, this physician believes that they should be returned to Radiology at the end of the day.

8. N/A. He favors restrictive policy.

Physician #3:

1. The present system was correctly described. The physician noted that "they have loosened up, but the Radiologists don't like it."

2. He is satisfied with the present system.

3. He stated that he had found unavailable films to be a problem, mostly when he went to the Department of Radiology to view films. It was noted that the doctor had to stand around because there were not sufficient people to get films out of the file, or films were in float around the Radiology Department. He said that unavailability was occasionally due to films being up on the floors, but that in his experience, this was rarely a problem. He believed the Radiology Department was understaffed.

4. Delayed interpretations of comparison films was not a problem for this physician.

5. He would like to see greater accessibility of films in the Radiology Department and more responsiveness to the doctors when they come to the department.

6. He would not support the partially restrictive policy of question #6.

7. He would support a policy that permitted films

to be checked out of the Radiology Department for no more than 24 hours.

8. He believes that a more restrictive film sign-out policy would take too much of the physician's time.

Physician #4:

1. Physician #4 perceived that under the current policy, radiographs were available in the Department of Radiology and would be released to selected areas of the hospital. However, he believed the intent of the current policy was not to make radiographs routinely available on the floors.

2. He was not satisfied with the present system.

3. He did not experience problems with unavailable films.

4. He has not found interpretations to be delayed due to comparison films being unavailable to the Radiologist.

5. When asked what modifications he would propose for the present system, this physician said that he would propose an entirely new system similar to the one that is in use at the Mayo Clinic. Under this system, the radiographs for each active patient would be maintained in a film holder outside that patient's room. If subsequent radiographic procedures were ordered for that patient, all previous radiographs would be taken to Radiology with the patient. After the new radiographs were read, all radiographs would be returned to the holder outside the patient's room. View boxes would have to be readily available on the walls of the corridors.

This physician noted that three elements were required to arrive at the optimum diagnosis and treatment and that these three elements should be located together. The elements are the patient, the medical record with all laboratory work, and the X-rays (radiographs). He noted that if this system were implemented, there would not be another hospital in the area offering this service to its physicians.

6. When asked if he would support a system like that proposed in question #6, he replied that he liked the system that he proposed.

7. N/A, as per above.

8. N/A, as per above.

Physician #5:

1. This physician accurately described the present unrestricted policy.

2. He was not satisfied with the present system.

3. He did not find films unavailable at the times he needed them.

4. He had experienced delayed interpretations due to comparison radiographs being unavailable to the Radiologist, but he noted that this was infrequent.

5. He proposed that all radiographs be maintained and viewed in the Department of Radiology, with an exception to this policy being granted for the areas of Surgery, Labor and Delivery, and the intensive care areas.

6. He would support the policy of partial restriction suggested by question #6, except he would not recommend that radiographs be released to orthopedics.

7. He would not support a time limit on film sign-out because he believes that it would be an unworkable system.

8. The implementation of a more restrictive policy would not affect his patient care practice.

9. He is against the "Mayo Clinic System" of placing the radiographs in a holder outside each patient's room,

because he believes that "visitors would be pawing through them." He noted that it is a nice system, but would be unworkable at Methodist Hospital.

Physician #6:

1. He perceived the current policy accurately.

2. He was not satisfied with the present policy.

3. He has a major problem with films being unavailable when he goes to the Radiology Department to view them, i.e. he finds that they have been checked out.

4. He has experienced significant problems with delayed or incomplete interpretations due to comparison films being unavailable to the Radiologist.

5. He would prefer that no radiographs leave the Department of Radiology, except under emergency conditions.

6. He would not support the partially restrictive system put forward in question #6.

7. He would not support a time limit on film check out.

8. He stated that a more restrictive policy concerning film check out would improve his practice.

9. He would not favor the "Mayo Clinic system." He reasoned that we are torn between two issues: having radiographs immediately available and having their availability be reliable. He believes that reliable availability is the most important factor. In his experience, if radiographs leave

the Department of Radiology, the chances of them not being available become much greater. He would go along with any system that would insure that radiographs are available.

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